

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE - OFFICE OF SECURITY MANAGEMENT

TRAINING EVALUATION FORM

Course Title: _____
Training Date: _____
Location: _____
Trainer: _____

AS A VALUED CUSTOMER, WE APPRECIATE YOUR COMMENTS

(Please answer each question by checking the appropriate box or filling the blank.)

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1. How useful is this course in increasing your knowledge?
☐ **Poor** ☐ **Fair** ☐ **Average** ☐ **Very Good** ☐ **Excellent**
 2. How effective was the presenter/s?
☐ **Poor** ☐ **Fair** ☐ **Average** ☐ **Very Good** ☐ **Excellent**
 3. How effective were the visual aids/handouts?
☐ **Poor** ☐ **Fair** ☐ **Average** ☐ **Very Good** ☐ **Excellent**
 4. Was enough class time allotted to cover the subject matter?
☐ **Yes** ☐ **No**
 5. Is the facility conducive to the training class?
☐ **Yes** ☐ **No**
 6. How will the information gained from this class benefit you on the job?

 7. What information did you find most useful?

 8. What would you have liked to hear more about in the class?

 9. What improvements would you recommend?

 10. What is your overall rating of the class/workshop?
☐ **Poor** ☐ **Fair** ☐ **Average** ☐ **Very Good** ☐ **Excellent**

Employee Name (Optional): _____

Do you wish to be contacted regarding a training related question or concern? ☐ **Yes** ☐ **No**

Telephone Number/E-mail: _____